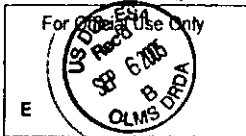


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|--|
| 1. File Number U - 6782 | 2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. Name WARD C ISAACS P.O. Box, Bldg., Room No., if any P.O. Box 73041 Street City Fairbanks State Alaska ZIP Code + 4 99707 | 4. Name, file number, and address of labor organization. Name S.M.W. LU23F Labor Organization File Number 041-479 P.O. Box, Building and Room Number, if any 1260 Street Aurora Avenue City Fairbanks State Alaska ZIP Code + 4 99709 |
| 5. Position in labor organization. | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

| | | |
|--|---------------------|---------------------|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u>Ward Isaacs</u> | On <u>8/30/2005</u> | <u>907-452-3864</u> |
| | Date | Telephone Number |

| | |
|--|----------------|
| Name of Person Filing Ward Isaacs | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|--|---|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 40px;">c. Employer</p> |
|--|---|

| | |
|---|--|
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Northwest Sheet Metal Workers Health Plan</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;">Reimbursements for Air Fare, Meals, and Hotel</p> <p style="text-align: center; font-size: 1.2em;">See Attached</p> <p>11.b. Approximate dollar value of such dealing. 3240.67</p> <p>12.a. Nature of interest held or income received.</p> <p style="height: 100px;"></p> <p>12.b. Amount.</p> |
|---|--|

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

| | |
|---|--|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14.a. Nature of payment.</p> <p style="height: 100px;"></p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

0003/003

Ward Isacs

- Detail of Expenses/Payments from Northwest Sheet Metal Workers Health Care Plan

| Date of Expense | Amount | Nature of Expense | Location | Purpose of Expense |
|-------------------|----------|-------------------|---------------|--|
| 2/4/04 - 2/5/04 | \$200.64 | Hotel Room | Seattle, WA | Payment of Room for Board meeting attendance |
| 2/5/2004 | 30 | Lunch | Seattle, WA | Payment of Lunch at Board meeting |
| 2/6/2004 | 30 | Lunch | Seattle, WA | Payment of Lunch at Board meeting |
| 2/8/2004 | 414.8 | Airfare | Seattle, WA | Reimbursement of Airfare for Board meeting |
| 5/17/04 - 5/18/04 | 325 | Registration Fee | Las Vegas, NV | Reimbursement of Registration fee for Educational Conf |
| 5/17/04 - 5/18/04 | 578 | Airfare | Las Vegas, NV | Reimbursement of Airfare for Education Conference |
| 5/17/04 - 5/18/04 | 97.89 | Hotel Room | Las Vegas, NV | Payment of Hotel Room for Educational Conference |
| 6/13/04 - 6/14/04 | 147.25 | Hotel Room | Seattle, WA | Payment of Hotel room for Board meeting |
| 6/13/04 - 6/14/04 | 873.08 | Airfare | Seattle, WA | Reimbursement of Airfare for Board meeting |
| 10/5/04 - 10/6/04 | 137.13 | Hotel Room | Seattle, WA | Payment of Hotel room for Board meeting |
| 10/5/04 - 10/6/04 | 406.8 | Airfare | Seattle, WA | Reimbursement of Airfare for Board meeting |

07/29/2005 08:35 5095357883

REIN & ASSOCIATES

PAGE 10

08/29/2005 MON 9:57 FAX 907 277 2457 SHW # 23

07/29/2005 FRI 7:34 [JOB NO. 6210] @010

| | | |
|-----------------------|-------------|----------------|
| Name of Person Filing | Ward Isaacs | File Number U- |
|-----------------------|-------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|--|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Fairbanks Area Sheet Metal Workers Joint Apprentice Training Committee</p> <p>Trade Name, if any: JATC</p> <p>P.O. Box, Bldg., Room No., if any 1260</p> <p>Street Aurora Avenue</p> <p>City Fairbanks</p> <p>State Alaska ZIP Code + 4 99709</p> | <p>11.a. Nature of such dealing.</p> <p>Reimbursements for Meals, Rental Car, and membership fees.</p> <p>11.b. Approximate dollar value of such dealing. 626.24</p> <p>12.a. Nature of interest held or income received.</p> <p>wages for Apprentice Coordinator</p> <p>See Attached W-2</p> <p>12.b. Amount. 15,534.24</p> |

| | |
|---|---------------------------------|
| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |



*Fairbanks Area Sheet Metal Workers
Joint Apprenticeship Training Committee
Dokken Training Center*



*1260 Aurora Drive
Fairbanks, Alaska 99709-5511
Phone: 907-452-3864
Fax: 907-456-3413
E-Mail: smwifbx@acsalaska.net*

JATC REIMBURSEMENTS FOR 2004

REGIONAL APPRENTICE CONTEST

| | |
|--------------------|----------|
| BUFFET AND BANQUET | \$75.00 |
| RENTAL CAR/GAS | \$417.75 |
| MEALS | \$39.79 |

AMERICAN WELDING SOCIETY

| | |
|-------------------|---------|
| 1 YEAR MEMBERSHIP | \$75.00 |
|-------------------|---------|

| | |
|---------------------|---------|
| MEALS WITH ITI REP. | \$18.50 |
|---------------------|---------|

| | |
|-------|----------|
| TOTAL | \$626.24 |
|-------|----------|

| | | | | | | | |
|--|--|----------------------------|--|--|--|--|--|
| a Control number | | 22222 | | Void <input type="checkbox"/> | | For Official Use Only ▶ OMB No. 1545-0008 | |
| b Employer identification number | | | | 1 Wages, tips, other compensation | | 2 Federal income tax withheld | |
| 92-0059022 | | | | 15534.24 | | 2828.00 | |
| c Employer's name, address, and ZIP code SHEET METAL WORKERS UNION LOCAL 23 JAT DOKKEN TRAINING CENTER 1260 AURORA DRIVE FAIRBANKS, AK 99701 | | | | 3 Social security wages | | 4 Social security tax withheld | |
| | | | | 15534.24 | | 963.12 | |
| | | | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| | | | | 15534.24 | | 225.25 | |
| d Employee's social security number | | | | 7 Social security tips | | 8 Allocated tips | |
| 393-56-8988 | | | | | | | |
| e Employee's first name and initial | | Last name | | 9 Advance EIC payment | | 10 Dependent care benefits | |
| WARD C | | ISAACS | | | | | |
| PO BOX 73041 FAIRBANKS, AK 99701 | | | | 11 Nonqualified plans | | 12a See instructions for box 12 | |
| | | | | 13 Statutory employee Retirement plan Third-party sick pay | | 12b | |
| | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| | | | | 14 Other | | 12c | |
| f Employee's address and ZIP code | | | | AK - Une 77.67 | | 12d | |
| | | | | | | | |
| 15 State Employer's state ID number | | 16 State wages, tips, etc. | | 17 State income tax | | 18 Local wages, tips, etc. | |
| | | | | | | 19 Local income tax | |
| | | | | | | 20 Locality name | |
| | | | | | | | |

Form **W-2** Wage and Tax Statement

Copy A For Social Security Administration—Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

2004

39-1908647 Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Sheet Metal Workers' International Association

ANCHORAGE
MAIN OFFICE
4141 B STREET, SUITE #209
ANCHORAGE, AK 99501-1849
PHONE (907) 277-5313
FAX (907) 277-2457



FAIRBANKS
1260 AURORA DRIVE
FAIRBANKS, AK 99709-5511
PHONE (907) 452-3864
FAX (907) 456-3413



LOCAL
UNION
23

Dear Sirs:

Please accept this amended LM-30 form. Due to my being out of state, my superior filled out and submitted the form, with what information he had available to him, and signed his name to it.

Since that time, I have learned of additional data that should be included. This new form should be complete to your satisfaction. Please accept my apologies for the delay.

Sincerely,
Ward C. Isaacs
Ward C. Isaacs